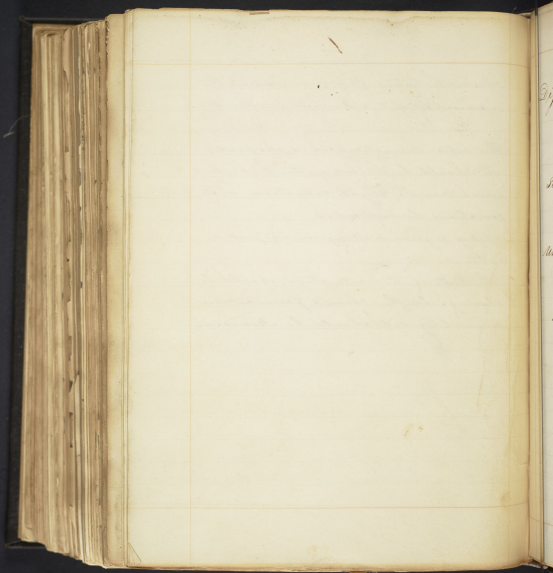


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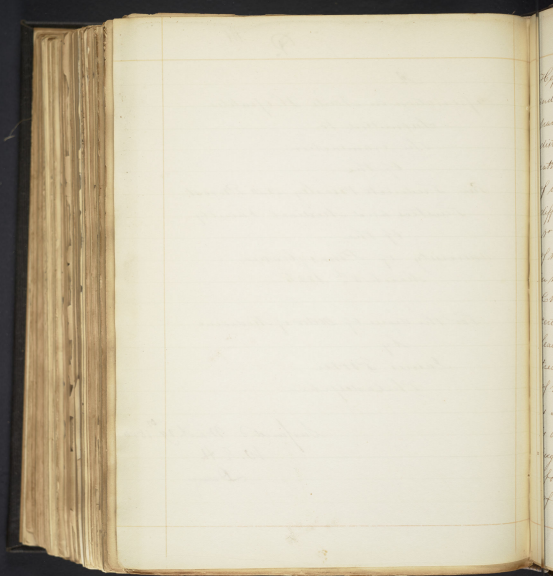
Dissertation on Acute Hepatitis
Submitted to
The examination
of the
Rev. Frederick Breasley D.D. Provost,
Trustees and Medical Faculty
of the
University of Pennsylvania
March 8th 1824

For the degree of Doctor of Medicine
by
James Porter
Philadelphia.

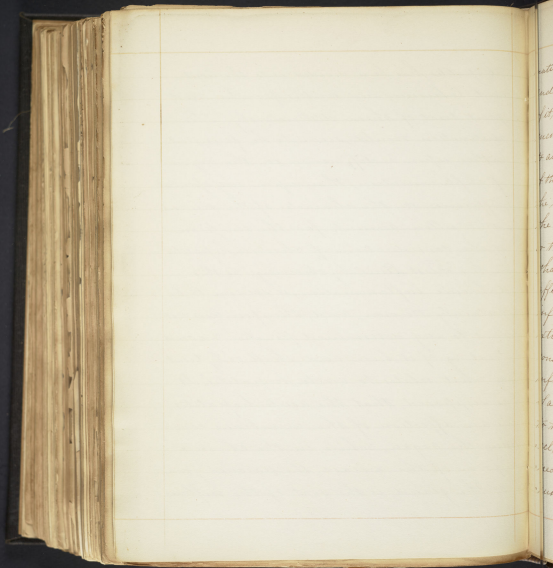
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Hepatitis has been divided into the Acute, and Chronic; and writers for the most part, treat of them distinctively. The distinction would seem to be founded, rather upon a difference in the degree of inflammation, than upon any essential difference in the character of the disease. Dr Cullen accounts for the omission of the consideration of chronic hepatitis in his "First Lines," by observing; "as this Chronic inflammation, is seldom to be certainly known, and, therefore, does not lead to any determined practice, we omit treating of it here, and shall only treat of what relates to acute hepatitis." It is supposed, that, the acute hepatitis is an affection of the membrane covering the organ, while, in the chronic form of the disease, the parenchyma of the gland, is the seat of the inflam-



mation. Dr Cullen supported this opinion, and Dr Philp observes in corroboration of it, that; "It would appear as if the membrane of the liver, was more prone to acute inflammation, and the substance of the liver to chronic. Winslow thought, the seat of the inflammation was in the ramifications of the vena porta, or the hepatic artery; Dr Halberden, that the liver was never primarily affected, and Dr Cullen that the inflammation was only in the extremities of the hepatic artery. In considering the active, and indolent inflammations of the liver, (says Dr Saunders,) we have referred the one to the hepatic artery, or nutrient vessel, while the latter, has been considered as an affection of the vena portarum or secretory vessel." He goes on to

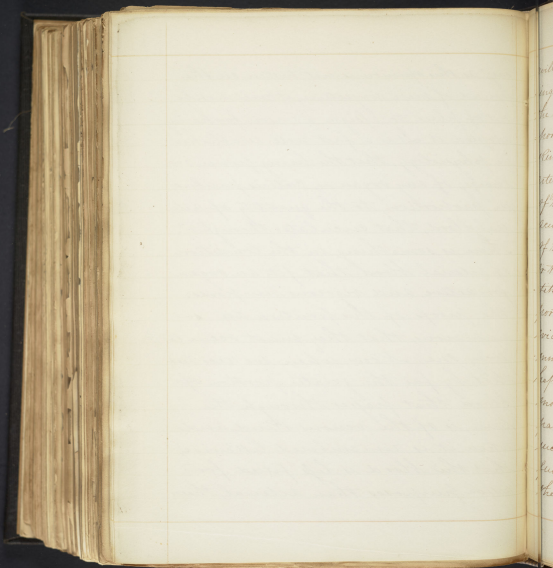


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say, as this opinion is not taken on the ground of mere conjecture, it will not be out of place to assign a reason for having adopted it. It is a fact well established in physiology, that the living power, or energy of any organ is, *ceteris paribus*, in proportion, to the quantity of arterial blood, that circulates through it. There is something in the condition of arterial blood, that fits an organ for active, and vigorous purposes: the proofs of this position are so numerous, that they must occur to every one. Now when we recollect, that by far the greater portion of blood that passes through the liver, is of the venous kind, and when it is remembered likewise, that this blood is less fitted for active purposes than arterial, there

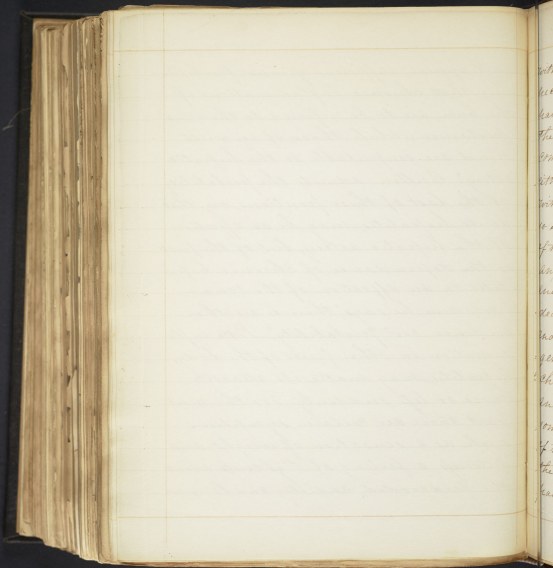
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will appear, sufficient ground for believing, that chronic inflammations of the liver, are to be referred to the vena portarum; while those of an acute kind are imputable to the hepatic artery." Cullen admits the probability of the last of these positions, viz. that acute hepatitis, may be an affection of the hepatic artery, but of the first, or the dependance of chronic hepatitis on an affection of the vena portarum, he says, "there is neither evidence nor probability." Like inflammation in other parts of the body, hepatitis, may make its attack more or less suddenly. For the most part, there are certain symptoms, such as, a sensation of weight, and fullness, a feeling of tightness about the præcordia, anxiety, and languor,



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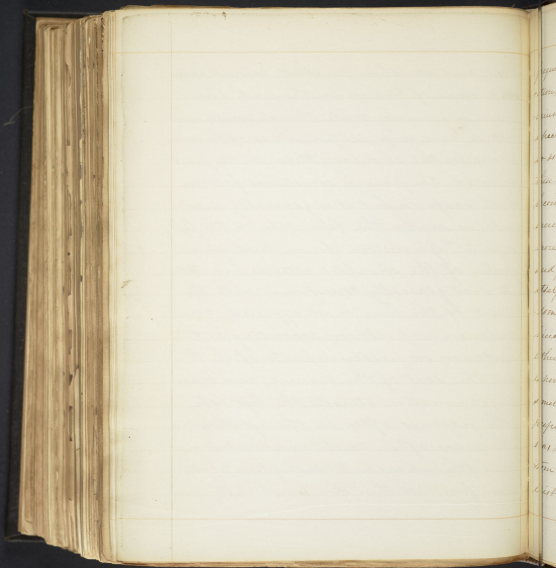
with fever, preceeding the symptoms peculiar to the disease; in some cases pain is among the first symptoms. The disease is said sometimes to commence with cholera morbus. In either case the accession is attended with regular chills. These are often so slight, as not to attract the notice of the patient, or to awaken any anxiety, while again, they are strong and well marked. These are succeeded, by increased heat of the surface, and quickness of the pulse; a pungent pain felt in the right hypochondrium shooting to the back, and shoulder. The head is said sometimes, to be the principle seat of the pain; the calf of the leg, and the arm also, are often affected with pain. The pain is sometimes perma-



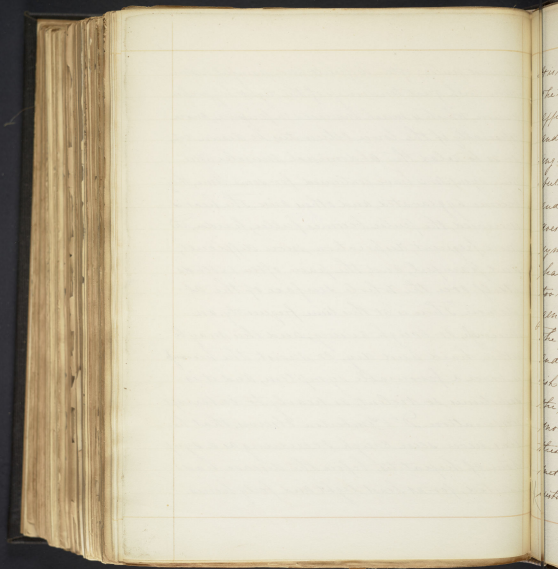
ment, and at others, cratick, accompanied
with a sense of tension in the part. The
pain is generally acute, though sometimes
obtus, and deep seated. It is often more
severe in the shoulder, than in the part
affected. The pain is sometimes felt in
both scapula, but it is generally most
intense under the false ribs, on the left
side. Dr. Girdlestone observes, that when
pain of the shoulder attends hepatitis,
its seat generally corresponds with the
part of the liver most affected, being
anterior, or posterior; according as the
anterior, or posterior parts of the liver
are the seat of the disease; and when
inflammation attacks the left lobe,
the pain is often in the left shoulder.
There are often acute, and wandering
pains of the back, and limbs, resembling those which
attend fever, with these, there is a hard, strong and

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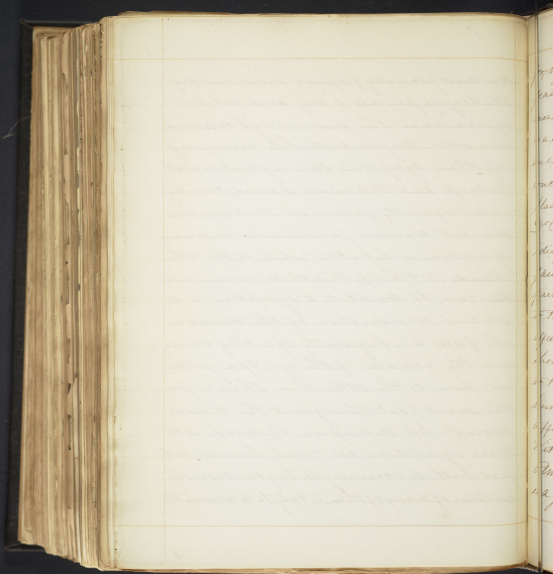
frequent pulse; often difficult, and painful respiration, with great tenderness of the right hypochondrium, which is much increased on pressure, more especially if the lower extremities be drawn up, so as to relax the abdominal muscles. After these symptoms have continued for some time, they become aggravated, and others arise. The heat is increased, the pulse becomes fuller, harder, and more frequent, respiration more difficult, and painful, and the pain often extends itself over the whole surface of the abdomen. There is at this time frequently, an hicough, or cough arising; and this may be either, hard and dry, or moist. The hicough is never a favourable symptom, and it is sometimes so violent, as nearly to interrupt respiration. Dr Pemberton observes, that he has never seen cough occurring as a symptom of hepatitis, before the disease had existed, for at least eight and forty hours.



It is most generally frequent, short, and dry. The tongue presents a dry, and white appearance. The urine is high coloured, and often tinged with bile. Accompanying these symptoms, there is great costiveness, pulsus, and delirium, nausea, vomiting, and frequently jaundice. Dr Saunders does not consider jaundice an uncommon symptom in hepatitis; while on the other hand, Dr Philip thinks its occurrence too rare, to constitute a symptom in a general consideration of the disease. The faces are frequently of a clay colour, and the adnata of the eye, of a yellowish hue, as the sclera also. There is for the most part, throughout the disease more or less depression of mind. All these symptoms, are rarely however, to be met with, as occurring in any one case. The existence of many of them, is only to be accounted

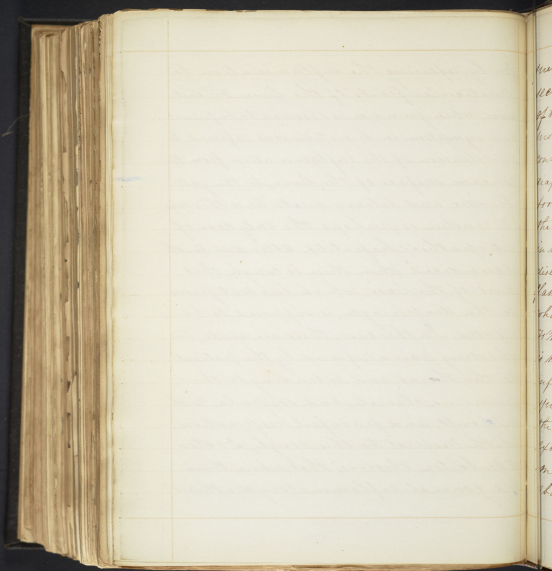


for, by referring the inflammation to particular parts of the liver. For instance, when jaundice is observed to be present as a symptom in hepatitis it is referred, to an extension of the inflammation from the concave surface of the liver, to the gall bladder, and biliary ducts. And this says Dr Cullen, is perhaps the only case of idiopathic hepatitis, attended with jaundice? When there is cough, that part of the liver, which lies contiguous to the diaphragm, is supposed to be affected. In this case, there are acute, and shooting pains, referred by the patient to the thorax, and extending to the humerus, clavicle, and scapula, with difficult, and painful respiration. With respect to this cough, Doctor Pemberton, observes, "that when there is a general inflammatory diathesis

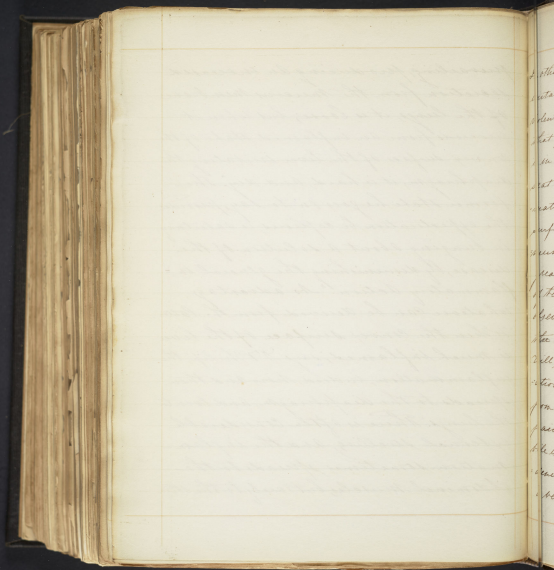


prevailing, producing an increased secretion from the mucous membrane of the lungs, it is loose; but when it proceeds from an inflamed state of the convex surface of the liver irritating the diaphragm, it is hard, and dry. The former state, he goes on to say, provides the expectoration be copious, is salutary, in bringing about a solution of the disease, by diminishing the general inflammatory action. No advantage whatever can be derived from the latter.

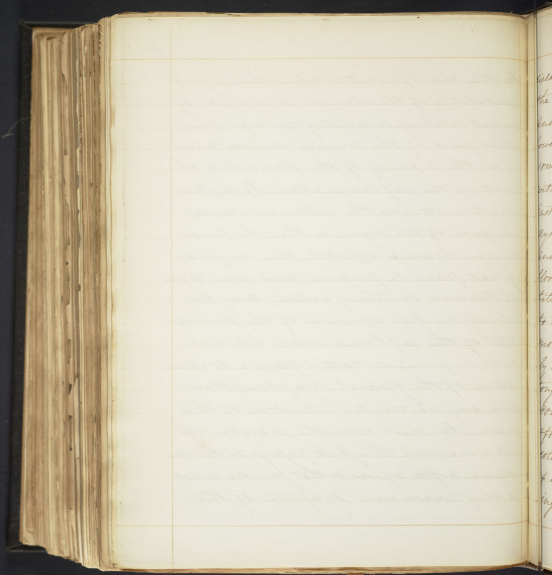
"When the convex surface of the liver is much inflamed," says Dr Philip, "the inflammation, indeed, now and then, spreads to the diaphragm, and locates to the lungs. There is often considerable external swelling, and the inflammation sometimes spreads to the abdominal muscles, but rarely to the skin."



In other cases of hepatitis, where there is great irritability of the stomach, as indicated, by violent retching, or vomiting, we infer that, that part of the concave surface which is in the vicinity of the stomach, is the seat of the inflammation. If inflammation attacks the anterior, or convex surface of the organ, so that the peritoneum becomes affected, then we find great pain to pressure, and some degree of tension, or tumefaction, may be observed. Our opinion of the seat of the inflammation, however, will be formed, rather from a consideration of the general symptoms, than from any particular situation of the pain. In most cases the secretion of bile is increased, though its passage to the duodenum is often impeded, so that jaundice is not a very uncommon symptom of the

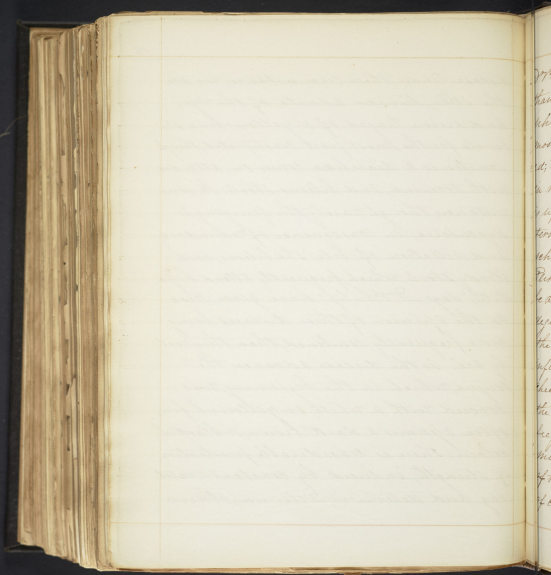


disease. Under these circumstances, we see the *sera*, tunica adnata of the eye, and urine, tinged of a yellow hue. The bowels for the most part constipated, though sometimes a diarrhoea comes on, attended with tormina, and bilious stools. In some instances, though rarely the purging is dysenteric, in consequence of redundancy and vitiation of bile. The bilious, and bloody stools, which frequently attend hepatitis, says Dr. Philip, have given rise to the opinion of these diseases being more frequently combined, than they really are. As the disease advances, the tongue, which in the beginning, was covered with a white, or yellowish fur, often assumes a dark brown, or blackish colour. There is considerable prostration of strength, induced by constant vomiting, and delirium. Delirium, observes



Dr Philip, is more frequent in this disease than in any other phlegmasia except phrenitis. The patient in general finds most ease, while lying on the side affected; the contrary sometimes obtains, and in many instances, the position chosen is upon the back. Hepatitis may terminate, by resolution, suppuration, schirrus induration, or gangrene.

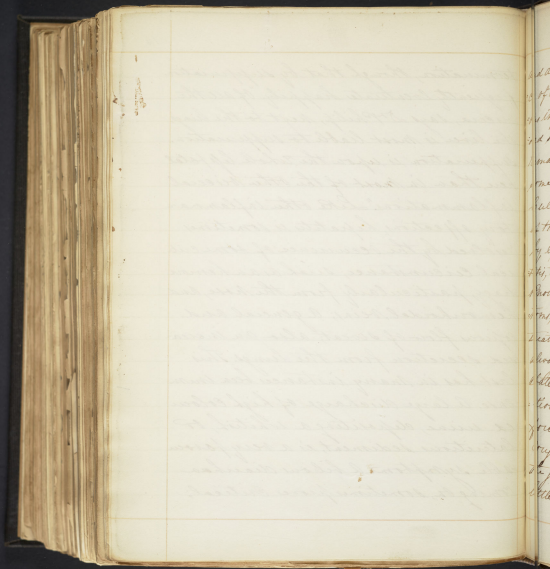
Perhaps another mode of termination may be added, viz. that, in which, the acute degenerates into the Chronic form of the disease. When the symptoms of acute inflammation, says Dr Saunders, have been checked though not entirely removed, by the antiphlogistic practice, the disease frequently becomes Chronic, and terminates in a schirrus induration of the organ. The first of these, can alone of course, be considered as a favourable



termination, though that by suppuration
 frequently terminates happily. "Of all the
 viscera, says Dr Philip, next to the lungs,
 the liver is most liable to suppuration.
 Suppuration is upon the whole less fatal
 here, than in most of the other visceral
 inflammations." Like other inflamma-
 tory affections, hepatitis is sometimes
 resolved by the occurrence of some cri-
 tical circumstance, such as an hemo-
 rhage, particularly from the nose, and
 hæmorrhoidal veins; a general and
 copious flow of sweat; also an increa-
 sed secretion from the lungs. This
 last has in many instances been im-
 mense. A large discharge of high colour-
 ed urine, depositing a whitish, or
 lateritious sediment, is a very favora-
 ble symptom. A bilious diarrhoea
 coming on, sometimes proves critical;

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and a metastasis of the disease to the surface of the body, in the form of an erysipellatous inflammation. In regard to the increased secretion from the lungs, Dr Philip, remarks that it has been so copious in some cases, as to cause suffocation. Dr Cullen seems to question the probability of the disease admitting of solution by expectoration. The tendency of hepatitis, to terminate by resolution, may be known, by a general remission of the symptoms; by their yielding readily to the treatment pursued. The prognosis is always favourable, when there is an abatement of the pain, and fever, a reduction of the pulse, in frequency, and force, by their being little dyspnoea, cough, hiccough, or vomiting; and when the general strength of the patient, is little reduced by the remedies used.

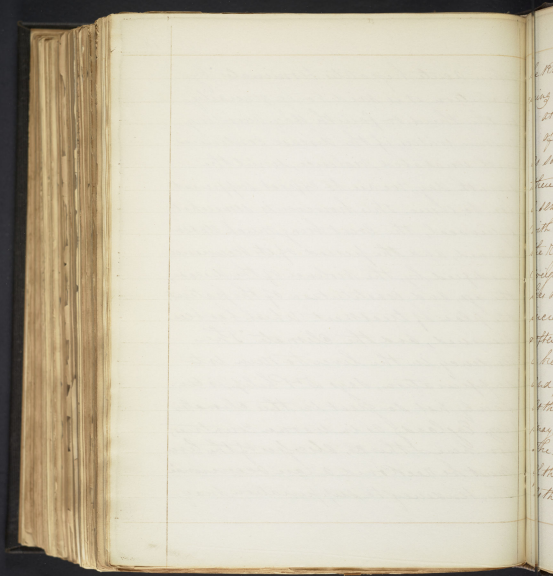


When acute hepatitis terminates by resolution, it is said to be generally on the third or fourth day. According to some writers, if the disease continues with unabated violence, until the seventh day, we are to expect suppuration to ensue. This however is somewhat equivocal, the event being much determined, and the period of its occurrence modified by, the violence of the disease, the age, and constitution of the patient, the plan of treatment which has been pursued, and the climate. The tendency in the liver to run into suppuration, says Dr Philip, is certainly not so great in this climate, (viz. England) as in warmer countries; for here I think, abscesses of the liver must be reckoned a rare occurrence. The tendency to suppuration may,

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be known, by the pain, and fever continuing with unceasing violence, whilst at the same time, the general strength of the patient, is much exhausted.

As soon as suppuration takes place, there is an abatement of the pain, and a sense of weight, and oppression, together with a fluttering, or pulsation felt in the region of the liver. The sense of weight is greatest when the patient lies on the left side. The pulse is increased in frequency, and becomes softer. There are frequent chilly fits, and a breaking out of sweat about the head, and face. To these succeed hectic fever. At this time in many instances a tumour may be felt, and a fluctuation perceived. The event will depend much on the seat of the abscess. Should it point externally, as there is for the most part an adhesion



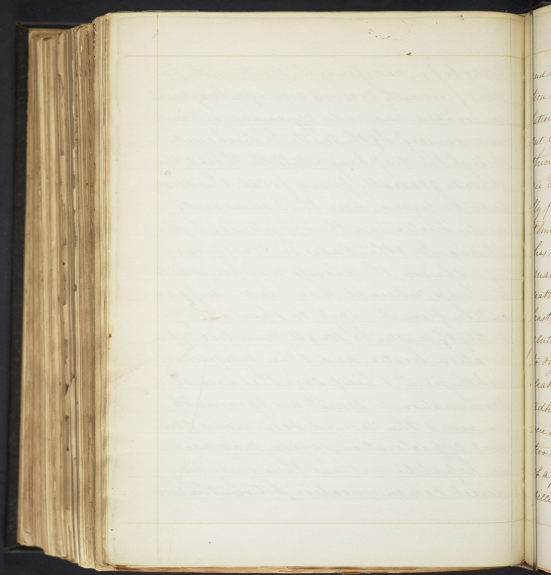
of the liver to the parietes of the abdomen, the matter may be evacuated, and the patient recover. According to Dr Clark, two in three recovered, in whom the matter was discharged in this way. The abscess may however, be situated internally, and no external indication, such as swelling or fluctuation, be perceptible. Under these circumstances, adhesions may form with the stomach, or intestines, and the abscess open into them. The matter here, is either discharged by vomiting or stool, and the patient may yet recover. "It frequently happens, says Dr S. Quency, that pus is formed, either in the vicinity of the ducts, or in the concave part of the liver; so that no external tumour can be perceived. The usual symptoms of suppuration, may however, be observed, in all cases when matter is formed; and if the

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outlet before, and open by the intestines, the patient frequently recovers, even after being much emaciated, and under appearances extremely unpromising. If the matter be discharged through the diaphragm into the thorax, the disease generally proves fatal. This constitutes Empyema; here the patient sinks under hectic, and the symptoms of hydrothorax. In other cases, in consequence of adhesion, the abscess may burst into the lungs, where it may excite suppuration from its escape, or should the quantity of matter be small, purulent expectoration, hectic, and other symptoms of phthisis. Dr Philip says that even this termination is sometimes favourable, provided the wound soon closes. Purulent expectoration, says he, may occur in hepatitis, without there being any direct communication, between the liver

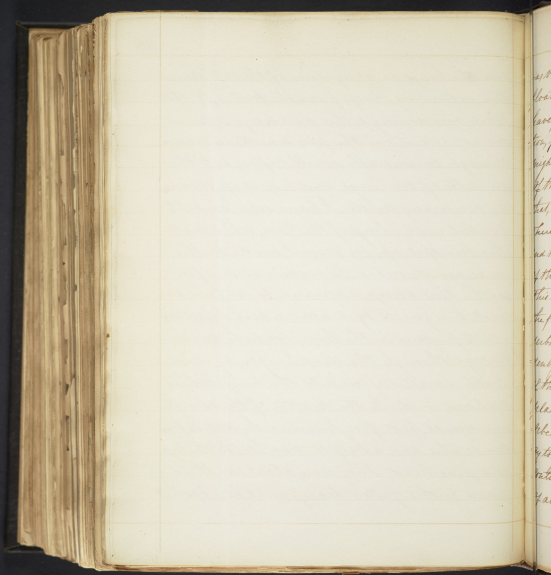
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and the lungs, in consequence of the inflammation extending itself, from the former, to the latter, occasioning either an abscess, or purulent expectoration. The pus sometimes exudes through innumerable small vifices, into the air cells of the lungs, and is spit up gradually for many weeks. I have seen, says Dr. Gibberton, an abscess of the liver, where matter has been spit up, for several weeks, in the manner described. On examination after death, this abscess, appeared to contain at least, two quarts of matter, which, by a very gentle pressure on the liver, could be made to ooze through the diaphragm, by innumerable small vifices, into the lungs, which adhered to it. In the matter of the abscess, were seen at least, five hundred hydatids, from two inches, and a half in diameter, to the size of a pins head. They were about one third filled with a yellow, transparent fluid, which



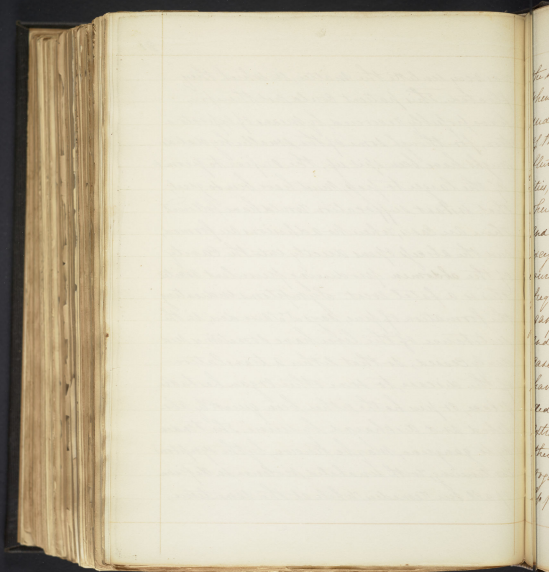
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was very unlike the matter, in which they floated. This patient could not therefore, have properly recovered, by means of expectoration, for though some of the smaller hydatids might have been spit up, the suffice to permit of the larger to pass, must have been so great that, instant suffocation would have followed. There are cases, where no adhesions are formed, and the abscess opens directly into the cavity of the abdomen producing purulent ascites. This is a fatal event. Symptoms indicating the formation of pus, says J. S. Dundee, in the substance of the liver have sometimes suddenly ceased; so that either a translation of the disease, to some other organ has taken place, or pus has either been quickly absorbed and discharged by urine. The tendency to gangrene, may be known, by the symptoms continuing, with unabated violence, in defiance of all our remedies, while at the same time,

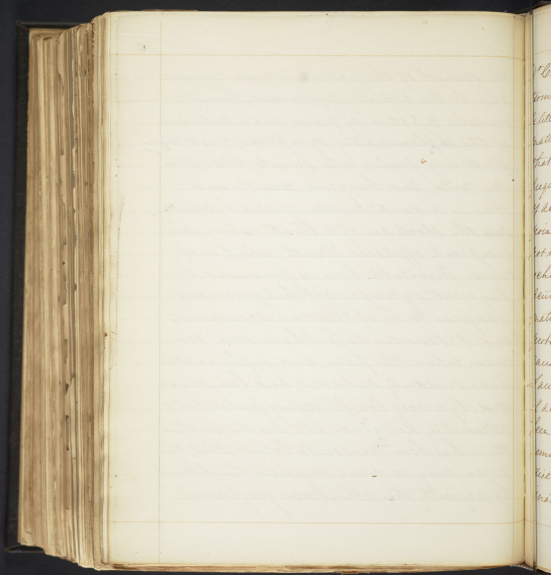


the strength of the patient is much reduced. When it has actually supervened, there is a sudden cessation of pain, and a subsidence of the inflammatory symptoms, weak and fluttering pulse, cold sweats, cold extremities, wild, and haggard countenance.

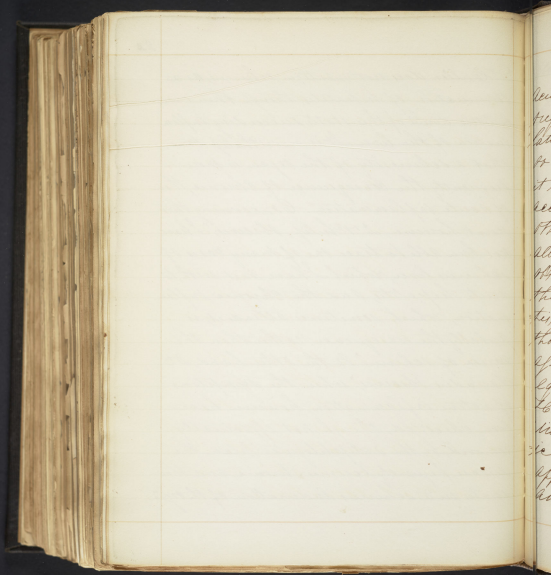
There is a dark matter ejected, by vomiting, and the stools are of a black colour, and exceedingly offensive. Death, which is of course inevitable here, is preceded by frequent syncope. Dr Philip considers gangrene to be of very rare occurrence; and Dr Saunders, says, "I have seen some cases, where the pain, and inflammation have suddenly subsided, and been succeeded, by a very low, fluttering pulse, cold extremities, delirium, and death; so that there has been reason to believe, that this organ may on some occasions, though much less frequently than others, become gangrenous."



Dr Cullen does not mention schirus, as a termination of hepatitis, though there can be little doubt of this state succeeding inflammation of the liver. It is nevertheless true, that a schirousity of the organ is more frequently the consequence of chronic, than of acute inflammation. Concerning this point, however, Dr Philip, observes; "I have not been able to trace one of many cases of schirus liver, which I have met with, to acute hepatitis, and the chronic inflammation, which sometimes attends it, is probably the consequence rather than the cause of schirus." On the other hand, Dr Saunders, observes; "when the symptoms of active inflammation, however, have been checked, though not effectually removed, by the antiphlogistic plan, the disease frequently becomes chronic, and terminates in a schirus induration of the organ."



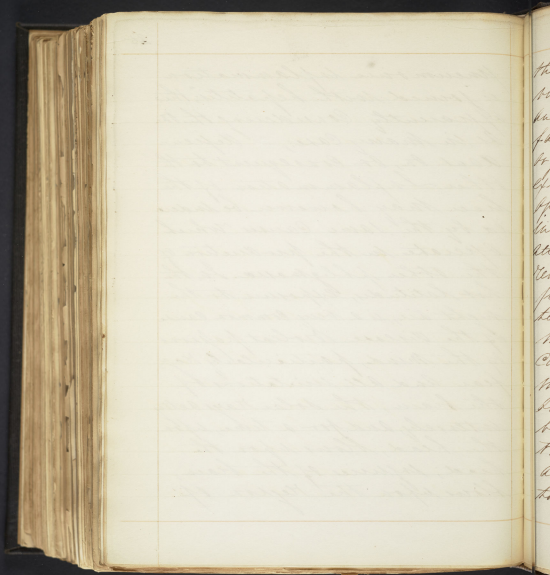
Of the Causes of Hepatitis
 Acute hepatitis is a much more
 frequent disease in the warmer
 latitudes, than in the temperate,
 or cold. In some of the former
 it is said to be endemic, and
 according to Dr Saunders, and
 others, terminates very gene-
 rally in suppuration. It is
 observed by Dr Cullen, that,
 the remote causes of hepati-
 tis, are often occult, and that
 those which are generally
 assigned, are frequently very
 equivocal in their nature.
 He proceeds to say, that,
 "in many cases of pneumonia
 or inflammation, the liver
 appears considerably enlarged,
 and that sometimes the



pneumonic inflammation
 is joined with hepatitis; thus
 apparently, considering the two
 as in many cases, Depen-
 dent on, or consequent to the
 other. Inflammation of the
 liver may however be induce
 ed by the same causes which
 operate in the production of
 the other phlegmasia. In the
 hot latitudes, Exposure to the
 night air, is a very common cause
 of the disease. Violent passions
 of the mind, particularly Rage,
 fear and all irritations of
 the brain; the solar rays acting
 intensely, and for a time, upon
 the head; blows upon the
 head; injuries of the brain;
 blows upon the Region of

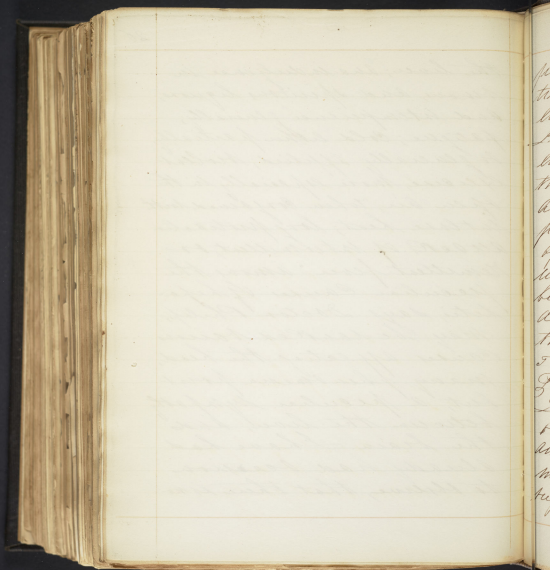
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the liver; and indulgence in
 sinous, and spiritous liquors;
 and intemperance generally;
 fatigue; cold either partially,
 or generally applied; violent
 exercise, more especially in the
 open air, when combined with
 hot late heat; long protracted
 attacks of intermittent, or
 remittent fever. Among the
 peculiar causes of hep-
 atitis, says Doctor Philip,
 may be ranked various
 causes affecting the head,
 many phenomena point
 out, a peculiar sympathy
 between the liver, and
 the brain. I have had
 already had occasion
 to observe, that there is no



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phlegmasia affecting the
 tubercle, so frequently at-
 tended with delirium.
 It is often the consequ-
 ence of accidents in which
 the cranium is injured,
 and when these do not
 produce hepatitis, they
 often occasion an
 unusual secretion of
 bile, and other symptoms
 denoting derangement in
 the functions of the liver.
 This statement of Doctor
 Philip, is confirmed by
 Depaul, in his treatise
 on injuries of the head.
 Among the causes of hepatitis,
 may be ranked, the eruptions so
 frequently formed in the gall-bladder & duct.



Hepatitis is said to occur more frequently in tropical climates, than any other phlog-
 masia, this may arise either from the
 functional powers of the liver being stim-
 ulated to increased action, whereby there
 is an undue determination of blood to
 the part, or from an alteration in the
 essential properties of the secretion itself,
 operating upon the biliary as an irritant.
 Does hepatitis ever arise from a vitiation
 of bile?" says Dr Philip. There is reason
 says he, to believe that any cause obstruc-
 ting the course of the bile, into the intestines,
 whether it be a biliary calculus sticking
 in the ducts, a spasmodic constriction
 of them, an inflammation communica-
 ted to them, from the intestines, or other
 neighbouring parts, tumours of the liver
 or other parts, pressing on them, worms
 lodged in them, &c. may occasion hepatitis.

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In various animals, calves, oxen, and sheep, small worms have been found in the biliary ducts; and it would appear from some dissections, that this, has now, and then happened in the human subject. Dr Cullen thought, the chronic often the cause of the acute form of the disease, the two states, frequently passing into each other. Hypochondriasis, Cholea, and other diseases of the alimentary canal, are ranked among the causes of hepatitis. A sudden suppression of some accustomed discharge, as the catamenia, or hemorrhoids, may give rise to it. Dr Girdlestone enumerates among the causes, bad water; and Dr Clegborn, states that in certain parts of Minorca, where the water was bad, tumefied spleens, and livers, were frequent both in men, and brutes. Of the

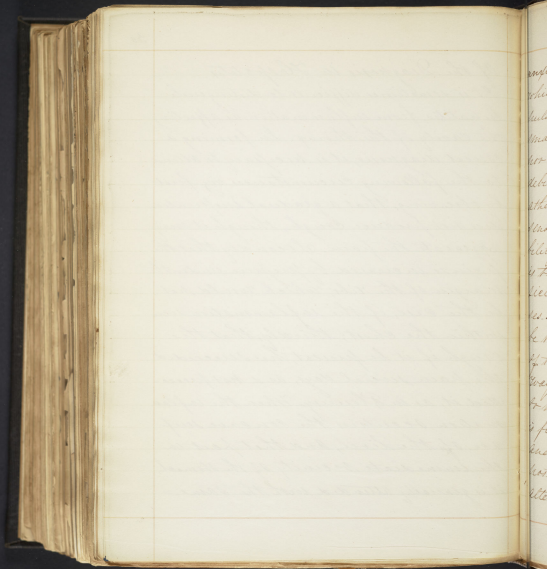
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Of the Diagnosis in Hepatitis.

It is sometimes difficult to distinguish hepatitis, from inflammation as affecting the cavity of the thorax. In forming a correct diagnosis, it is necessary to attend to the following circumstances. viz. first by observing, that a gradual inspiration does not produce cough, though it may aggravate the pain. Secondly that the pain is increased by pressure under the margin of the ribs, which would not be the case, if the inflammation were within the chest; thirdly, that the cough if it be present, has succeeded the pain several days, and not preceded it, as in Pleurisy. When the inflammation occupies the concave surface of the liver, and that part in the immediate vicinity of the stomach, it is generally attended with the same

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anxiety, and debility, though, in a less degree,
 which accompany gastritis. In this case the
 pulse affords a good criterion. It is not so
 small, and weak, as in genuine gastritis,
 nor is there that extreme anxiety, and
 debility, when the stomach is thus symp-
 athetically affected; also, the distressing
 sense of pain, and heat, the great irrita-
 bility, more especially when any thing
 is taken into it, are wanting here, suf-
 ficiently distinguishing the two disor-
 ders. Inflammation of the liver may
 be known from rheumatic affections
 of the abdominal muscles, in this
 way. In muscular pain there is little
 or no fever; the pain is more diffused,
 is frequently shifting from place to place,
 and is more influenced by altering the
 posture of the body; it also generally
 alternates with rheumatic pains in



one, or more points of the body. According to Dr. Comberton, hepatitis may be distinguished from spasm of the gall-duct, by there being less nausea, by the pain being permanent, by the pulse being upwards of one hundred in a minute, and by the patient, always preferring to keep the body in a straight, quiescent posture; whereas the greatest ease, when there is spasm of the gall-duct, is obtained by bending the body forwards on the knees.

Treatment of Hepatitis.

There are few of the phlegmasia, that require more active, and decided measures than hepatitis. The high degree of inflammatory action, demanding the most energetic application of the antiphlogistic means. The most efficient of these measures, is here of indispensable importance. Much will de-

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spend on the judgement of the practitioner
 says Dr. Keener, in determining the precise
 time when the antiphlogistic treatment, is
 likely to be useful; for it must be obvious
 that if any considerable advantage is to
 be expected from this practice, it must
 be looked for in an early stage of the
 disease, when the inflammation, has not
 advanced beyond the probability of res-
 olution. "Butland, thought, that venes-
 ection should seldom be employed
 after the fourth day. But no axiom
 of this kind can obtain generally; we are
 to be governed by the existing exigencies
 of the case, and meet them, with their ap-
 propriate remedies. While the pulse re-
 mains hard, and the pain severe, and
 the respiration difficult, the bloodlet-
 ting, should be repeated. In the instance
 of a strong, and vigorous constitution, as

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much as thirty ounces, may be taken at the first bleeding. The blood should be taken from a large vessel, the impression made in this way, upon inflammatory diseases, being found to be much greater, than when a larger proportion is abstracted by a small incision, or puncture. Dr. Pemberton insists very strongly upon the importance of this fact, and urges it on the attention of every practitioner. The most efficient, and therefore, most essential part of the antiphlogistic treatment, is venesection; much therefore, will of course depend upon the timely, and well-directed application of it to the case before us. Dr. Pemberton, commenced by abstracting sixteen ounces of blood, which, provided the pain continued severe, and pulse hard, he repeated in about eight hours, administering a purgative mean

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ght in the interval, which generally pro-
 duces its effect, by the time the second
 bleeding was accomplished. After having
 once excited the intestines, he was care-
 ful to keep up the action, by the repea-
 ted exhibition of purgative medicines,
 which he selected from among the neutral
 salts. "By this constant stimulus on the
 intestines, says he, we shall make a de-
 mand, if I may so express myself, upon
 the arterial blood of the intestines, and
 thus prevent so large a quantity, from
 passing on to the Vena portarum, to
 distend the inflamed viscera." Cupps
 should be applied freely over the region
 of the liver, and after the arterial action
 is reduced, a large blister put on, which
 should be kept open, or what is better,
 a succession of blisters applied. When the
 stomach is very irritable, after free blood-

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of the milder sudorifics. When the urine is very
 turbid, advantage is thought to have resulted
 from the exhibition of Diuretics; those taken
 from the saline class are the best for this
 purpose. The diet throughout, should be
 strictly antiphlogistic, consisting of the milder
 farinacea, and light diluent drinks. There
 are very few diseases, in which it is more
 necessary to avoid the exciting causes after
 the complaint is subdued. It has already
 been observed that the acute hepatitis, may
 degenerate into the chronic. "When this
 happens, says Dr. Keil, a careless observer
 may believe the patient out of danger,
 and restored to health." After the infla-
 mmatory symptoms have disappeared then
 you, it is necessary to examine him with care.
 He must feel if there be any hardness, swelling,
 or tenderness in the region remaining, inquire
 whether there be pain, or itching, or weight in

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the right shoulder, or oppression, and anxiety with a sense of weight, and fullness after eating, and observe, if the skin, eyes, feces, and urine have assumed their natural colour. If from any peculiar violence of the symptoms, or from the insufficiency of the means employed to oppose their progress, the disease runs on to suppuration, our plan of treatment must be changed. Mercury is said here to be of no avail, but indeed injurious. As soon as matter is formed, the character of the symptoms will change, and those of debility and hectic ensue. The strength must be supported by the judicious exhibition of bark, and even together with such Medicines as are calculated to remove, the symptoms of nervous debility. As soon as any tumour is felt, imparting the sensation of fluctuation, it should be opened, and the matter evacuated. It is always expedient to attend to this, and not leave

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the process to nature, as in this case, the event, has been frequently observed to have been unpropitious. If, however, says Dr Saunders, the disease has been well marked, and the abscess has pointed to a determined part of the integuments, we need not wait for a spontaneous opening, but by means of a lancet, may discharge the matter. Such abscesses are seldom in haste to heal, nor is it desirable, until the cavity of the abscess, shall have been filled up, by healthy granulations. During this process, which is sometimes tedious, the health gradually returns; and I have had experience of cases, "where the discharge being, saying this granulating process, has continued for years, during which time the health was in a progressive state of improvement, and at length was perfectly established." The treatment will now be the same, as in hectic fever from other causes. The Nitric Acid is said to operate with great, and accu-

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advantage, at this time. It is given either alone
 or in combination with the Mineral Acid, in
 the proportions, of one part of the former to
 two of the latter. Dr. Scott, considered this last
 as the best, and most efficient preparation.
 We are to begin with small doses, increased
 gradually, to as much, as the stomach will
 bear. A bath of the same, is also highly
 spoken of, and the external application
 of the medicine to the Uterus, is said to be
 productive of advantage. The Acid may
 be given in some of the light bitter infusions
 or in solutions of some of the mucilaginous
 articles, or animal broths. The absorb is
 to be treated in the same manner
 as those, which occur in other
 parts of the body - the vent for
 the exit of the Matter, being kept
 open, and unobstructed - and the
 Dressings being frequently changed.

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letting, this particular symptom will be most successfully allayed by, small doses of the sublimated Mercury, combined with Magnesia, and repeated every hour. There is considerable difference of opinion, in regard to the exhibition of Mercury in this stage of the disease. Dr Chisholm, Dr Clark, and Dr Girdlestone, speak of it, as the remedy on which, next to benesetion, they most relied. They did not confide in its cathartic powers exclusively, but endeavoured to induce salivation, even when the fever was most considerable. In recent attacks of liver complaints, says Mr Dick, after early bleeding, blistering, and the free use of Cathartics, I never saw a case, when suppuration came on, if Mercury was freely used, and continued till the mouth was sore, and if I be not much mistaken, it is in such cases that it has the best effects. A large

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dose of calomel, may be given at night, and purged off in the morning with some of the saline medicines, as the Epsom salt &c. If the case be a violent one, after the force of the circulation, and general inflammatory action is in a measure reduced, the sooner the full mercurial impulsion is induced the better. If on the administration of mercurial medicines, the pain and fever appear aggravated, Dr Pemberton advises them to be discontinued. I am informed, says Dr Saunders, that in the East Indies, where the disease is endemic, many judicious practitioners, seldom employ mercury until the violence of the inflammatory action, has been moderated, by bleeding, and purging, and the antiphlogistic plan of treatment. Then it is, that mercury is employed to the greatest advantage. But it appears on attentive observation, that the transi-

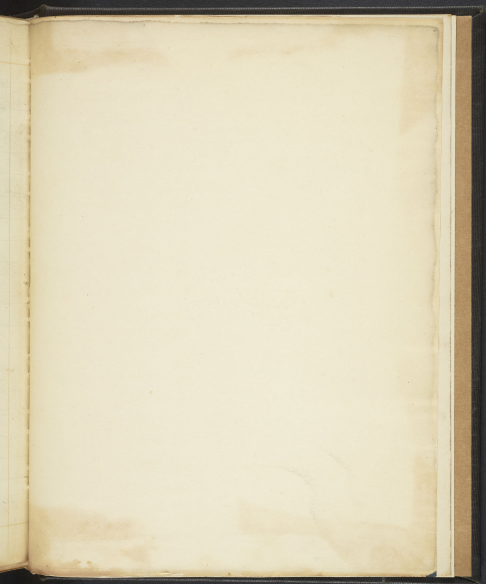
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tion of active inflammation into a state of health, or resolution, is not immediately followed by an healthy state of the part, but it remains for a time, debilitated, and disposed to lapse into a chronic state. This will probably be found, the proper period, for the exhibition of mercury, which acts as a spur on the vascular system of the organ, and by its moderately stimulating effects, occasions a degree of action, which when protracted to a certain length, terminates in a state of health.* There are other means independent of those already detailed, which although in themselves inefficient, are very useful as auxiliaries. Of these, the most important is antimony, alone, and in minute doses, or in combination with other medicines, exhibited in such proportions, as may enable it, to excite, and keep up a degree of moisture on the skin, while at the same time, it reduces

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the force of arterial action, it never fails to prove beneficial. Fomentations of various kinds, applied over the hepatic region, the warm-bath, cool air, diluent diaphoretics. &c. The appearance of any of those symptoms, which are deemed critical, should be carefully watched, and encouraged. A bilious diarrhoea occurring may be promoted by mild mucilaginous decoctions. If an erysipellatous inflammation show itself, care must be had not to ripel it. A tendency to hemorrhoids, should be encouraged by fomentations, and the flow of blood may be increased by the application of leeches. Should there be much cough, it becomes necessary to promote expectoration, by the administration of those medicines calculated to effect this purpose. When there is a moisture in the skin, we are to encourage diaphoresis, by diluents, and the exhibition

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